

#10/Notice of Appeal  
4/26/04  
P. 4/3  
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FEB 10 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Hopper, Stephen A. et al. EXAMINER: Sharma, Sujatha R.  
SERIAL NO.: 09/614,026 GROUP: 2684  
FILED: July 11, 2000 CASE NO.: PF01949NA  
ENTITLED: METHOD AND APPARATUS FOR DETERMINING A PRO-ACTIVE  
REGION OF A MOBILE AD HOC NETWORK

OFFICIAL

Motorola, Inc.  
Intellectual Property Department  
600 N. U.S. Highway 45  
Libertyville, IL 60048

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT  
APPEALS AND INTERFERENCES

Commissioner for Patents  
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences  
from the decision dated September 10, 2003 of the Examiner finally rejecting claims  
1-7, 9-18 and 20-26.

Please charge \$330.00 (C.F.R. 1.17(b)) and any additional fees or credit  
overpayment to Deposit Account No. 50-2117.

One additional copy of this Notice is enclosed herewith.

Respectfully submitted,

Please forward all  
correspondence to:  
Motorola, Inc.  
Intellectual Property AN475  
600 N. U.S. Highway 45  
Libertyville, IL 60048

By Matthew C. Loppnow 2/10/04  
Date  
Matthew C. Loppnow  
Agent for Applicant  
Registration No. 45,314  
Tele. No. (847) 523-2585  
Fax No. (847) 523-2350

04/27/2004 ATYSON

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01 FC:1401 420.00 DA  
02 FC:1401 330.00 DA

Rev. 9/30/92

**MOTOROLA**  
**FAX TRANSMITTAL SHEET****RECEIVED**  
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FEB 10 2004

**OFFICIAL**Motorola, Inc.  
Intellectual Property Section  
Law Department  
600 North U.S. Highway 45  
Libertyville, IL 60048**Telephone: (847) 523-2585****Facsimile: (847) 523-2350****4**

Number of Pages (including this page)

Date: 02/10/04  
To: Examiner S. Sharma  
Location: United States Patent and Trademark Office  
Fax No.: 703-872-9306  
From: Matthew C. Loppnow Registration No. 45,314  
Subject: Serial No. 09/614,026 Docket No. PF01949NA

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**MESSAGE:**

Enclosed herewith, please find:

- ☒ Notice of Appeal
- ☒ Amendment Transmittal Form
- ☒ Fee Transmittal Form
- ☐ Petition for Extension of Time

**PLEASE GIVE THESE PAPERS TO:**

EXAMINER:	Shama, S.
GROUP ART UNIT:	2684
SERIAL NO.:	09/614,026
FILED:	July 11, 2000
INVENTOR:	Hopper, Stephen A. et al.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

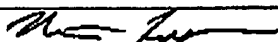
<b>ADMENDMENT TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/614,026
	Filing Date	July 11, 2000
	First Named Inventor	Hopper, S. et al.
	Group Art Unit	2684
	Examiner Name	Shama, S.
	Attorney Docket Number	PF01949NA


## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
Remarks:		

## CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	20280 (Insert Customer No. or Attach Bar code label here)	or <input type="checkbox"/> Correspondence address below	
Name:	Motorola, Inc.		
Address:	Intellectual Property Department		
	600 North U.S. Highway 45, AN475		
City: Libertyville	State: Illinois	Zip Code:	60048
Country: USA	Telephone: 847-523-2585	Fax:	847-523-2350

Name (Print/Type) Matthew C. Loppnow	Registration No. 45,314
Signature 	Date 2/10/04

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent Office at 703-872-9306 on this date: 02/10/04	
Typed or printed name: Jennifer Magness	Date 2/10/04
Signature 	

PATENT APPLICATION  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<b>FEE TRANSMITTAL</b> <b>For FY 2004</b> <i>Patent fees are subject to annual revision.</i>		Application Number      09/614,026																																																																																																																																																																																			
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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                         Deposit Account      50-2117                          Deposit Account Name      Motorola, Inc.                     </div> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		GROUP ART UNIT      2684 EXAMINER NAME      Shama, S. ATTORNEY DOCKET NUMBER      PF01949NA																																																																																																																																																																																			
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<b>SUBMITTED BY</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name (Print/Type)</td> <td style="width: 30%;">Matthew C. Loppnow</td> <td style="width: 20%;">Reg. No. (Att/Agent)</td> <td style="width: 20%;">45,314</td> </tr> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>02/10/04</td> </tr> </table>		Name (Print/Type)	Matthew C. Loppnow	Reg. No. (Att/Agent)	45,314	Signature		Date	02/10/04																																																																																																																																																																												
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